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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

EASTERN DIVISION

re:	Dennis, Ja	son B	8	Case No. 09 B 06646
	Debtor		§ § §	
			8	
	СНАРТ	TER 13 STANDING TRU	JSTEE'S F	TINAL REPORT AND ACCOUNT
				owing Final Report and Account of the $c(b)(1)$. The trustee declares as follows:
	1)	The case was filed on 02/27/2	2009.	
	2)	The plan was confirmed on 0	05/28/2009.	
o	3) on 11/05/200		der after conf	Armation pursuant to 11 U.S.C. § 1329
p		The trustee filed action to res 3/2009 and 12/23/2010.	nedy default	by the debtor in performance under the
	5)	The case was dismissed on 1	2/23/2010.	
	6)	Number of months from filin	g or conversi	on to last payment: 16.
	7)	Number of months case was	pending: 24.	

10) Amount of unsecured claims discharged without full payment: \$0.

8) Total value of assets abandoned by court order: (NA).

9) Total value of assets exempted: \$3,100.00.

11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$1,248.00

Less amount refunded to debtor \$0

NET RECEIPTS: \$1,248.00

\$1,248.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$1,166.92

Court Costs \$0

Trustee Expenses & Compensation \$81.08

Other \$0

TOTAL EXPENSES OF ADMINISTRATION:

Attorney fees paid and disclosed by debtor \$350.00

Scheduled Creditors:							
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid	
Illinois Dept Of Healthcare And Fan	ni Priority	\$1,200.00	NA	NA	\$0	\$0	
Tamika Shivers	Priority	\$0	NA	NA	\$0	\$0	
AFNI	Unsecured	\$323.00	NA	NA	\$0	\$0	
Cingular Wireless	Unsecured	\$185.84	NA	NA	\$0	\$0	
Cook County Sheriff Department	Unsecured	\$1,110.00	NA	NA	\$0	\$0	
Friedman	Unsecured	\$582.36	NA	NA	\$0	\$0	
Harris	Unsecured	\$3,991.00	NA	NA	\$0	\$0	
Illinois Dept Of Transportation	Unsecured	\$1,335.00	NA	NA	\$0	\$0	
Illinois Student Assistance Commiss	i Unsecured	\$1,009.00	NA	NA	\$0	\$0	
NCO Portfolio Management	Unsecured	\$329.00	\$428.36	\$428.36	\$0	\$0	
NCO Portfolio Management	Unsecured	\$531.00	\$329.48	\$329.48	\$0	\$0	
Omnimum Services	Unsecured	\$169.96	NA	NA	\$0	\$0	
Provident Hospital	Unsecured	\$210.00	NA	NA	\$0	\$0	

Summary of Disbursements to Creditors:			
	Claim Allowed	Principal Paid	Interest Paid
Secured Payments:			
Mortgage Ongoing	\$0	\$0	\$0
Mortgage Arrearage	\$0	\$0	\$0
Debt Secured by Vehicle	\$0	\$0	\$0
All Other Secured	\$0	\$0	\$0
TOTAL SECURED:	\$0	\$0	\$0
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0	\$0	\$0
Domestic Support Ongoing	\$0	\$0	\$0
All Other Priority	\$0	\$0	\$0
TOTAL PRIORITY:	\$0	\$0	\$0
GENERAL UNSECURED PAYMENTS:	\$757.84	\$0	\$0

Disbursements:						
Expenses of Administration	\$1,248.00					
Disbursements to Creditors	\$0					
TOTAL DISBURSEMENTS:		\$1,248.00				

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12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Date: February 9, 2011

By: _/s/ MARILYN O. MARSHALL

Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.